

Student Enrollment Information

Child's Name _____

Payment Option: (circle one)

1 payment 4 payments 8 payments

Choice of session:

1. _____

2. _____

3. _____

If your first choice of session is full, you will be placed in your second or third option.

Please select appropriate race:		
	Race	Additional Race
American Indian/Alaska Native	_____	_____
Asian American	_____	_____
Black or African American	_____	_____
Hawaiian/Pacific Islander	_____	_____
Caucasian	_____	_____
Hispanic or Latino	Yes _____	No _____

Home Language: _____

Home Elementary

School: _____

Please check the appropriate line(s):

Health Care Questions

My child's health is good. ___ Yes ___ No

My child's immunizations are current:

(Place on file at school.) ___ Yes ___ No

My child has food restrictions. ___ Yes ___ No

Please list: _____

My child has a history of:

Allergies/food allergies ___ Yes ___ No

Asthma ___ Yes ___ No

Seizures ___ Yes ___ No

Other(please specify) _____

If yes, your child's doctor MUST complete and asthma, allergy, food allergy, seizure and/or other medical action plan. All forms can be found online. If medication is prescribed they must complete a medicine authorization plan. All forms and medications MUST be submitted to our office by 08/27/21.

Injury Policy

Staff will assess and provide first aid such as ice, bandage, etc. If further care is needed, parent will be notified by phone to pick up their child and seek medical attention.

Illness Policy

No child with a contagious illness may be brought to the facility. The parent is responsible for picking up the child who becomes sick while at the facility. Children recovering from an illness must be diarrhea, vomiting, and/or fever free, without medication, for at least 24 hours before returning to school. Details of our policies are found in the parent handbook.

Snack Policy

Parents are required to provide snack(s) daily. When sending food for your child's snack or lunch, the lunch container must be labeled with the child's name and the date the food is to be served. This practice will assure that children receive the food that was intended for them and prevents the chance of cross-contamination. The dating allows for the monitoring of spoilage and prevents food-borne illnesses. (R400-8340).

Volunteer Policy

Per the Farmington Public School District Policy and Michigan Department of Health and Human services Early Childhood Licensing (R400.8125). Any person entering a classroom must complete a Volunteer Application form, and have a voluntary criminal record screening and background check.

Licensing Notebook

Child Care Organization Act, 1973 Public Act 116 DHS. All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans. The notebook will be available to parents for review during regular business hours. All reports from the past two years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare. (R400.8146).

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date _____